

# 2023 WRC Open Schooling Show – Western and Open Day

Date of Show		April 22 <sup>nd</sup>	May 13 <sup>th</sup>	May 20 <sup>th</sup>	Back Number		
Name of Rider		Date of Birth	Rider Age 12/1/22	Name of Horse		Member	Phone
						Yes No	
Last Name		First Name					
Address		City/Town		State	Zip	email	Pony or Horse Height

**Select High Point Division**

- 1. Therapeutic Maximum Assistance (any age) Any seat **5,6,7,8**
- 2. Therapeutic Minimum Assistance (any age) Any seat **9,10,11,12**
- 3. W. Leadline Pleasure Division **13,14,15,16**
- 4. Therapeutic Advanced Rider (any age) Any seat **17,18,19,20**
- 5. W. (10 & Under) Pleasure Division (Walk/Jog) **21,22,23,24**
- 6. W. Beginner Rider Division (1<sup>st</sup>/2<sup>nd</sup> year of showing - 11 & over) **25,26,27,28**
- 7. W. Junior Pleasure Division (13 & Under) **29, 30, 31, 32**
- 8. W. Senior Pleasure Division (14-17) **33, 34, 35, 36**
- 9. Open Masters Pleasure Division W/T/J (over 40) Any seat **37,38,39,40**
- 10. Open Adult Pleasure Division (18 & over by 12/1/2020) **41,42,43,44**
- 11. Open Ranch Horse Youth (Using ECRRR patterns & rules) **45,46,47,48,49**
- 12. Open Ranch Horse Adult (Using ECRRR patterns & rules) **50,51,52,53,54**
- 13. Open Beginner Horse/Pony (Any seat) **55,56,57,58**

**Trail Area Divisions**

- WRC Western Leadline Division **1 or 2, 103, 104, 105**
- WRC Western (10 & Under) Division **1 or 2, 106, 107, 108**
- WRC Western Jr. Rider (13 & Under) Division **1 or 2, 109, 110, 111**
- WRC Western Sr. Rider (14 - 17) Division **1 or 2, 112, 113, 114**
- WRC Open Adult (18 & Over) Division **4, 115, 116, 117**
- WRC Therapeutic Trail Area Division **1 or 2, 118, 119, 120**

Enter Class Numbers From Left to Right (*The class slips are filled out automatically.*)


Page 1  
Page 2  
Page 3  
Page 4

**Fees:** Please make all checks payable to Wild & Wooly Horse Show

<b>Divisions Entered</b>	_____ X \$35 =	
<b>Galen Memorial Pleasure Stake Class #59</b>	=	_____
<b>Grounds Fee</b> (WRC Members Exempt - Proof of Membership Required)		<b>\$5</b>
<b>Office Fee \$10</b> (Per Horse / Rider Combination same back # for the season)		<b>\$10</b>
(Late fee: registration after 5 p.m. Wednesday, \$25) date received ___/___/___ =		_____
	<b>Total =</b>	_____

All riders must have a signed waiver prior to schooling or showing. WRC assigned back number must be visible.  
All returned checks will be charged under ReSubmit. Trainers or Farms may not pay for student's registration with one check.

**Entries Due by 5 p.m. Wednesday prior to show by saving and emailing to club email.**

Email required documentation to show manager at: [williamsportrc@gmail.com](mailto:williamsportrc@gmail.com)

**Adding classes day of show is permitted.**

Office open by 7 a.m. Drop off check & pick up number.

I understand that neither the Williamsport Riding Club, its officers, board of directors, judges, or organizing committee accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, trainers, spectators or any other person or property in connection with this competition. I hereby expressly agree for myself and my principals, representatives, employees and agents: (1) to be bound by the local rules of this competition; (2) that every horse and rider is eligible as entered; and (3) and to accept as final any decision the competition officials on any question arising under the competition rules, and agree to hold the WRC, its officers, board of directors, show committee, and competition judges, harmless for any action taken. I am fully aware that horse sports, and this competition involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to release the WRC, its officers, directors, show committee and competition judges, from and against all claims including any injury or loss suffered during or in conjunction with the Competition. I agree to indemnify and hold harmless the WRC its officers, directors, competition judges, from any and all claims for loss or injury caused by me or my horse that occur during or in conjunction with this competition. PHOTO RELEASE: I hereby grant the Williamsport Riding Club permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I agree to sign this agreement electronically.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name Print name of Parent/Guardian if Minor is registering

Email entries as instructed above or snail mail Pre-entries to below address. Must be postmarked a minimum of 10 days before the show including full payment. A current negative Coggins test and proof of rabies vaccination is required at registration. Mail Entries To:

**Williamsport Riding Club**  
**Attn: Open Schooling Show Series Western Day**  
**2012 Poco Farm Road**  
**Williamsport, PA 17701**

Office Use Only			
Paid	CASH _____	CHECK _____ # _____	Initials _____
		/ / _____	Date of Rabies Vacc
		/ / _____	Date of Neg. Coggins

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Horse Number \_\_\_\_\_ Horse Name \_\_\_\_\_ Height \_\_\_\_\_

Class Number \_\_\_\_\_ Rider \_\_\_\_\_

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